SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

Date Skind (Received)
SEP 19 2013 Bayfield Co. Zoning Dept,

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Refund:	Amount Paid:	Date:	Permit #:	
	\$15 9-19-13	11-13	(H680-81	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITH	(}		Rec'd for Issuance		☐ Municipal Use				Commercial lise			X Residential Use		1 V V:		Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)					\$ 10,000 T]]atchall	ion ion	□ Non-Shoreland		> Shoreland —▶			Section 33	SE 1/4, NEW	LOCATION	大ichard	Authorized Agent: (Pers	Contractor:	3515 Co. t	by & Bar	Owner's Name:
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FAILURE TO	Other: (explain)	Special Us	- WWW	Accessory	Accessory Building	Addition/	Mobile Ho	Rinkhous		et vita	- Annual Control of the Control of t		57744	Residence	Principal S			applied for			ess on	sting bldg)		teration	uction	t olyling for)			and within	and within ward side of		45 N.	Gov't Lot	-1	5	ion on behalf c			Heint 2	1
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Owner(s): ______(If there are Multip

Authorized Agent

signing on behalf of the

owner(s)

must accompany this application)

Date

9-17-13

Date

Attach

Copy of Tax Statement
recently purchased the property send your Recorded Deed V

er(s) of authorization must accompany this application)

Address to send permit Mal

at

agent

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Fee

Feet

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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

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APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

9 222013

Date: Permit #: Amount Paid: # DO 10-23-13

\$ 100

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Zoning De

HOW DO I FILL OUT THIS APPLICATION (visit our

Refund:

Secretarial Staff			Rec'd for Issuance		Municipal Use				☐ Commercial Use				A Residential Use				Proposed Use	Proposed Constructions	Existing Structure: (if permit being applied for is relevant to it)					, 03, 00C	ر د د		material	" include donated time &	of Completion	Value at Time	☐ Non-Shoreland		XShoreland →			Section	1/4,	LOCATION	PROJECT	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Self	3490 La	, go	David v	Owner's Name:	TYPE OF PERMIT REQUESTED
taff	Ē	3							Use			<u> </u>	Use				e	JCHOIL	e: (if permit bei		LicherA	Run a Business on		☐ Conversion	☐ Addition/Alteration	New Construction	(:	(What are you applying for)	Project		10000000	y is Property		☐ Is Property Creek or Lan		. Township	1/4	Legal Description:	*****	Person Signing Appli	75	ake Ka	×1000×	Manipy	in Corollege	FOUESTED—▶
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Other: (explain) SRITWAY	Conditional Use: (explain)	: (explain)	o	⊵l		Iteration (spe	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)			s relevant to it)		- Foundation				. 1-Story + Loft	1-Story		and/or basement	# of Stories			Y Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue		☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodblain? If yescontinue —▶		N. Range	ot Lot(s)	(Use Tax Statement)		f Owner(s))			•		E	
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Address to send permit

5243

Hermantoun

Hermenton

MN 558/0

Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

Date

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Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Owner(s): X

Owners listed

fluction on the Deed <u>All</u> Owners must sign <u>or</u> letter(s) of authorization must accompany this application)

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

If (we) declare that this application (including any accompanying information) has been examined by me (us) and to the bast of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time forthe purpose of inspection.

Peters complete (1) - (7) above (pilv to continuing) Disripciolism (1	Please complete (1) - (7) above (prior to continuing)
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(Cabin)	
s; or (*) Slopes over 20%	Show any (*):
All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) World January (*) Greek; or (*) Pond	
Plot Plan rand (*) Frontage Road (Name Frontage Road)	Show / Indicate: Show Location of (*):

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) [TVI 5-2-25

Permit #:

など

Date: Amount Paid:

Refund:

27.5 1-1-6 (s

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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2013

Type OF PERMIT REQUESTED> Owner's Name:	- 1888 1888	E SOCIALISTS	Mailing Address		City/State/i	Zip:	or con], J.U.A.	1	,
Address of Property:	Sali		City/State/Zip:	Simon L	Sr. 146	fort ford		\3027 2	Cell Phone:	T 82
1895 Islan	Ishe	2	Rames	w	487	3		<u>ي</u>		2016
ataine	Constr	cetion	715 - 795-2220		Plumber:				Plumber Phone:	
eq.	ISCO	son signing Application on benalt of Owner(s))	Agent Phone:	- 2220	ent Maille Au	S2230 Moon M. Bernes W T S2230 Moon M. Bernes W T S487	875 7.75 3.45/arex	w	Attached Wyes No	9
	Legal Description:	(Use Tax Statement)	≥	-	1-70	00-363-0	Recorde Volume	d Document: (¥ 9 1	yrship)
1/4,	_ 1/4	Gov't Lot Lot	Lot(s) CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	~~	Adt P	1
Section,	Township	45 N, Range 9	W	Town of:	Serve v		Lot Size		Acreage 1	
	: Property/Lan ek or Landwar	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	liver, Stream (in	od. Intermittent)	Distance Structure	cture is from Shoreline :	eline :	Is Property in		tlands
∦ Shoreland	Property/Lan	$ ot\!$	Lake, Pond or Flowage If yescontinue	lowage Intinue —	Distance Struct	Distance Structure is from Shoreline: $\mathcal{A} \triangleleft O$ fee	eline : feet	XYes □ No	S □ Yes	င် eg
☐ Non-Shoreland									-	
Value at Time of Completion *include donated time & material	Project (What are you applying for)	# of Stories and/or basement	ries sement	Use	# of bedrooms	Sew	What Type of er/Sanitary Sys	What Type of Sewer/Sanitary System Is on the property?	*	Water
28	New Construction	ion 🛭 🖟 1-Story	×	Seasonal	□ 1	1 18	13			City
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Addition/Alteration Conversion	ation . 1-Story +	Loft	Year Round	3	∠ (New) Sanitary ✓ Sanitary (Exists) ✓ Line (New) Sanitary ✓ (New) Sanitary		Specify Type:		□ Well
	Relocate (existing bldg)) 	nt			Privy (Pit) or	or Vaul	aulted (min 200 gallon)	00 gallon)	
Pr	Property	1	tion			☐ Compost Toilet☐ None	ilet	telenementelenen		
Existing Structure: (If permit being applied for is relevant to it)	ermit being ap	plied for is relevant to	oit) Length:	3th:		Width:		Height:)t:	
Proposed Construction:	••		Length:	gth: 22		Width: 22	ľ	Height: /પ્	1 to pect 1	15
Proposed Use	\ -		Propo	Proposed Structure				Dimensions	Square Footage	re ge
:	□ Pri	Principal Structure (first structure on Residence (i.e. cabin, hunting shack, e	tructure (first structure on pr (i.e. cabin, hunting shack, etc.	n property) etc.)				××)	
Docidoneial IIIo			-				,	×	-	
		with (2 nd) Porch	Porch					×		
	v	with a Deck	ck				-	< ×		
Commercial Use		with Attac	with Attached Garage					×		
	Bu	Bunkhouse w/ (□ sanitary, or	tary, <u>or</u> □ slee _l	sleeping quarters, or	□ cooking &	food prep facilities)	(s	×		
	A M	Mobile Home (manufactured date) Addition/Alteration (specify)	ctured date) (specify)				_	×	_ -	
Municipal Use		Accessory Building	<u> </u>	Burn	Story		()	12 × 24) 528	
Rec'd for Issuanc		Accessory Building Addition/Alteration (specify)	ldition/Altera	tion (specify) _	!		_	. ×		
		Special Use: (explain)		***************************************	M-000000000000000000000000000000000000		-	×		
		Conditional Use: (explain) Other: (explain)	ain)			خدر سنده دست دری دست سرسوست		×		
Contain 1 Or Ke	[ŀ			

Address to send permit

52230

Moes

RS

Bernes

365

Attach

Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

Date

B

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W

Date

Authorized Agent:

Hyou are signing on behalf of the

owner(s) a letter of authorization must accompany this application)

Hold For Sanitary: Hold For TBA:	active of	, Committee or Board Conditions Attack	section: 12 / 2		Was Parcel Legally Proposed Building Site De	<u>بر</u>	Is Parcel a Sub-Standard Lot 125. Yes (Deed of Record) Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Yes Yes	Permit#: 13-0400	Issuance Information (County Use Only) Permit Denied (Date): Re	(9) Stake or Mark Proposed Location(s) NOTICE: All Land Use Permits Ex For The Construction Of New One & Two The local Town,	ther previously surveyed corner or marked by a licensed surveyor at the owner's for to the placement or construction of a structure more than ten (10) feet but the previously surveyed corner to the other previously surveyed corner, or verificated by a licensed surveyor at the owner's expense.	ield Portable, Composting construction of a structure will	Setback to Septic Tank or Holding Tank	3,000	Setback from the North Lot Line (ALA)	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	riease complete (1) – (7) above (prior to continuing) $ \bigcirc HWM $ (8) Setbacks: (measured to the closest point)	+00E	* unmonomorphism of the state o	Jaras C	There DANGERY	THE WASH	10-1 (O. No.)		<u>;</u>	iny (*):	Show / Indicate: Show Location of (*): Show:
Hold For Affidavit: Hold For Fees:		2000-120	d by: ////	Internal.	s Represented by Ow Was Property Surve	Previously Granted by Variance (B.O.A.)	ZNo Mi	Permit Date: 1/-6-/3	Sanitary Number: # of bedrooms: Reason for Denial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	0) feet from the r	De boundard ins from	Feet	105+	MA Feet Sathank from Westland	Setback from the Lake (ordinary high-v	Measurement Description	Island Lake	TAKE TO THE TAKE THE TAKE TO THE TAKE THE THE TAKE THE TAKE THE TA	Service Tark	The state of the s	J. S.	Table Tower T	the Charge	SLAND LAKE ICC.	100 C	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property セル・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
		> -	Date of Re-Inspection (2)	Zoning District (A	₹Yes ¥Yes	Case #:	Affidavit Required ☐ Yes & No Affidavit Attached ☐ Yes & No		Sanitary Date:	Tank (HT), Privy (P), and Well (W). nas not begun. niform Dwelling Code.	ust be visible from one previously surveyed corner to the chithe setback must be measured must be visible from et of the proposed site of the structure, or must be			Feet		water mark) QQ + Feet	Measurement	Changes in plans must be approved by the Planning & Zoning Dept.	and the state of t					\		And a sufficient to the transfer of the sufficient to the sufficie	and/or (*) Privy (P)	